



eral Employees' Group Life Insurance Program  
**Continuation of Life Insurance Coverage**  
*As a Retiree or Compensationeer*

**A Fill in the Identifying Information Requested Below**

Name (Last, first, middle) Czaplicki, Edward J.		Date of birth (Month/day/year) 01/07/43	Social security number [REDACTED]-3922
Employing department or agency National Security Agency	Agency location (City, state, ZIP code) Ft. Meade, MD 20755-6000		Compensation claim number (if applicable)

**B Basic Life Insurance Coverage (Read and sign below)**

If you are eligible, your Basic Life Insurance will continue automatically—generally at the same level of coverage in force at retirement—until age 65. By signing below, you are choosing the amount of Basic Life Insurance coverage you will have **after** you reach age 65. (If you are already age 65 or older and choose the 75% Reduction or the 50% Reduction, the elected reduction will begin at retirement). Your signature *does not* affect your optional life insurance coverage. See Section C.

Before electing the level of coverage you will have after age 65, be sure to review the detailed information provided on pages 1-3. The premiums associated with the different levels of coverage are shown in a table at the bottom of page 2.

**SIGN AND DATE ONLY ONE OF THE BOXES BELOW. (DO NOT SIGN MORE THAN ONE.) THEN CROSS OUT THE OTHER TWO BOXES.**

1 I want the 75% REDUCTION (Minimum coverage)	2 I want the 50% REDUCTION	3 I want NO REDUCTION (Maximum coverage)
I understand that after I reach age 65 there will be no premium deductions from my annuity or compensation for this minimum coverage. I understand that after I reach age 65 (or upon retirement, if I'm older than 65) the amount of my Basic Life Insurance will reduce at the rate of 2% per month until it reaches 25% of my Basic Insurance Amount at retirement. I understand that neither I nor the assignee(s), if applicable, can change my election to the 50% or No Reduction at a later date.	I authorize deductions to be made from my annuity or compensation to pay the full cost of this additional protection. I understand that after I reach age 65 (or upon retirement, if I'm older than 65) the amount of my Basic Life Insurance coverage will reduce at the rate of 1% per month until it reaches 50% of my Basic Insurance Amount at retirement. I understand that the only change I (or the assignee(s), if applicable) may make at a later date is to the 75% Reduction.	I authorize deductions to be made from my annuity or compensation to pay the full cost of this additional protection. I understand that there will be no reduction in the amount of my Basic Life Insurance coverage after I reach age 65 (or upon retirement, if I'm older than 65). I understand that the only change I (or the assignee(s), if applicable) may make at a later date is to the 75% Reduction (unless I elected a partial Living Benefit. Then I understand that I can never change this election.)
Signature (Do not print) <i>Edward J. Czaplicki</i>	Signature (Do not print)	Signature (Do not print)
Date (Month/day/year) 12/22/98	Date (Month/day/year)	Date (Month/day/year)

**C Optional Life Insurance Coverage (Read and sign below)**

I understand that if I continue my Basic Life Insurance coverage as a retiree or compensationeer, or if I elected a full Living Benefit while an employee, my present optional life insurance elections (if any) will be **automatically extended UNLESS** (1) I (or the assignee(s), if applicable) complete an SF 2817, declining those options, (2) I fail to meet the continuation requirements for optional life insurance, or (3) I (or the assignee(s), if applicable) convert my optional coverage(s) to an individual policy. I understand that my

signature in Part B, above, **does not** cancel my optional life insurance coverage. I understand I will pay the full cost of optional insurance (through deductions in my annuity or compensation) until age 65. After age 65, I understand that no further withholdings will be required; however, I realize that my optional coverage will be reduced over time. I have read page 3 for a more detailed discussion.

Signature (Do not print) <i>Edward J. Czaplicki</i>	Date (month/day/year) 12/22/98
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